Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Appl	olicant Name:	Jessica Le	engh Tyler			
	te Received: _	12	pplicant Number:	(0314		
Recommended Applicant Pool Status: Final Applicant Pool S				ool Status:		
	Included	Removed	☐ Included	Removed		
REQ	UIREMENTS	<u>5</u> :				
1. V	Vas the applica	✓Yes □No				
	If NO, list time/date application was received:					
2. Is the application complete? If NO, list the item(s) that need to be completed:				✓Yes ☐No		
	If NO, IISL LIF	e item(s) that heed to be comple				
3. li	ndicate how th	e applicant responded to the fo	ollowing questions:			
p		rolled in a college/university in		□Yes □No		
	-	der I and ii only; If NO, consider ide in the City of Austin?	ı, ıı, ııı, unu ıv.	□Ves □No		
	ii. Reg	istered to vote in the City of Au	sstin?	☐Yes ☐No		
	iii. C on	tinuously registered to vote in	the City of Austin?	☐Yes ☐No		
	iv. Vo t	ed in 3 of the last 5 City of Aust	in general elections?	Yes 🗆 No		
♦ <u>I</u>		led related to REQUIREMENTS?		□Yes □No		
	If YES, identify issue(s) addressed and disposition:					

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CONFLICTS OF INTEREST:

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4. Did the applicant respond "Yes" to any conflict of interest of If YES, indicate which question(s):	questions? Yes No
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	□Ves □No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
Application Reviewed By: Quality Control Review By: Follow-up Contact(s) Reviewed By:	QC Review Date: 03(01(1015)